

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
19 Union Street, P.O. Box 259
Augusta, ME 04332-0259

QUESTIONNAIRE REGARDING EMPLOYMENT RELATIONSHIP WITH WORKER

Directions: Please complete the following questions so that we may determine if the services provided to you are considered covered employment.

Company	Worker
Business Name	Social Security Number
Business Address	Worker's Address
Business Telephone Number	Worker's Telephone Number

1. Describe the company's business: _____
2. Describe the worker's duties with the company: _____
3. Beginning date of worker's employment: _____
Ending date of worker's employment: _____
4. Where are the worker's services performed? _____
5. How did you come to hire this worker? _____
6. What type of the work did this person do before working for you? _____
7. Who obtained contracts with customers for work performed by this worker?
☐ The worker
☐ The company
☐ Other (please explain) _____
8. How does the company pay this worker? ☐ Commissions; ☐ Hourly; ☐ Salary;
☐ Hourly plus commissions; ☐ Salary plus commissions; ☐ Other (please explain): _____
9. How often does the company pay this worker? ☐ Weekly; ☐ Every other week; ☐ Monthly;
☐ Other (please explain): _____
10. Was the amount paid negotiated with the worker? ☐ Yes ☐ No
11. Did the worker receive training by the company? ☐ Yes ☐ No
12. How often does this person work for you? ☐ Full-time, year-round; ☐ Part-time, year-round;
☐ Full-time, seasonal; ☐ Part-time, seasonal; ☐ Contractual; ☐ Other (please explain): _____
13. Does the worker hire, supervise, or train other workers at the company's expense? ☐ Yes ☐ No
14. Does the worker have his or her own workers? ☐ Yes ☐ No
15. Does the worker use/pay subcontractors? ☐ Yes ☐ No

16. Who furnishes the tools and equipment for the work performed?

☐ The worker

☐ The company

☐ Other (please explain): _____

17. Does the company set this worker's employment schedule? ☐ Yes ☐ No

18. Does the company require this worker to report each day to a certain location? ☐ Yes ☐ No

19. Does the company cover this worker under its Workers' Compensation Insurance?..... ☐ Yes ☐ No

20. Does the worker advertise his or her services to the general public?..... ☐ Yes ☐ No

21. Does the worker have his or her own place of business?..... ☐ Yes ☐ No

22. Who pays for work the worker performs that must be done over?

☐ The worker

☐ The company

☐ The customer

☐ Other (please explain): _____

23. Is the worker required to provide insurance for loss or damage that he or she might cause while working? ☐ Yes ☐ No

24. Does the worker have a license to perform his or her work? ☐ Yes ☐ No

25. May the worker end the relationship with the company without any obligation to the company? ☐ Yes ☐ No

26. May the company end its relationship with the worker without any obligation?..... ☐ Yes ☐ No

27. Who pays for the materials and supplies used by the worker?

☐ The worker

☐ The company

☐ The customer

☐ Other (please explain): _____

28. Who pays for the worker's job-related expenses, such as travel?

☐ The worker

☐ The company

☐ Other (please explain) _____

29. Can the worker lose money by working for the company? ☐ Yes ☐ No

30. Does the company provide benefits to the worker, such as health insurance or sick pay?..... ☐ Yes ☐ No

Please attach and submit with this questionnaire copies of all written agreements between your company and the worker:

Signature of Company Representative	Title of Company Representative	Date
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QUESTIONS?

Contact a Status Representative at (207) 287-3176; Fax at (207) 287-3733,
TTY (Deaf / Hard of Hearing): 1-800-794-1110, e-mail at division.uctax@Maine.gov or
contact a Field Advisor and Examiner at one of the numbers below:

Augusta..... (207) 287-1240

Bangor..... (207) 561-4093

Lewiston (207) 753-2895

Machias..... (207) 255-1934

Portland..... (207) 822-0210

Presque Isle (207) 768-6813